

UNACY IN CUMBERLAND & WESTMORLAND,  
WITH REMARKS.

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A N A D D R E S S

DELIVERED AT THE OPENING OF

THE SECTION OF PSYCHOLOGY.

AT THE

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BY

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President of the Section.

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Gentlemen,

I welcome you to Carlisle. Carlisle has been called the "Merrie Citie," but the phraseology of olden times gave a different acceptation to the term "merrie" from what we now understand by it. It meant then the brave, the valorous city, but though this was then the meaning of the word, I trust that from your point of view you will find it a "merrie citie" in the ordinary sense of the term, and that during your short stay here the sun may "shine fair on Carlisle wall;" if it does, I am sure nothing shall be wanting on the part of the medical inhabitants of the city and neighbourhood to prevent you from having "sunny memories" of our meeting here.

Since I began the study of lunacy, and entered on its practical treatment, some thirty addresses on the subject have been given before the Medico-Psychological Association, and in this Section twenty addresses have so far been delivered by some of the most eminent men who have been connected with our specialty. Men who were able to clothe their thoughts of wisdom in words of eloquence and wit. Now, to one who has either heard or read all these addresses, it really becomes a matter of extreme difficulty to choose a subject which is not threadbare, and to avoid repeating what has already been better said. I sympathise with those who follow, for the difficulty which I feel will yearly increase.

My experience as one of the audience leads me to believe that a diffuse address which touches on several topics, which affords an ample choice of subjects for a discussion, and which is not too exhaustively scientific, is best suited for a Section where exact scientific work, as shown by the programme of our Secretaries, is to follow for several days. I therefore, in accordance with my views, submit to you the following, trusting its defects will be pardoned and excused on the plea that "the environment of county asylum life tends so much to make hard work go against the grain."

The highest study of mankind is man. The most important study of mankind may be fairly stated to be the brain of man. Now in the treatment of all that appertains to mental diseases, we in the practice of our speciality require not only the knowledge of the practitioner of medicine, but much superadded knowledge, so that we may suitably apply all remedial means from surroundings, recreations, influences such as music and flowers, to occupations even so apparently monotonous as the wheeling of a wheelbarrow—where lack of intelligence, apathy, or absence of manual dexterity necessitate such a rudimentary mode of employment. In our study of our patients, their physical conditions, their mental formation, their hereditary excellences or defects, we necessarily must pay attention to the mental and physical qualities of the sane population of the district, and make ourselves conversant with their racial characteristics.

#### THE POPULATION OF CUMBERLAND AND WESTMORLAND: THEIR CHARACTERS.

For my purpose it is quite unnecessary to go back to the long-headed or round-headed inhabitants of these counties, the waves of Celtic migration alluded to by historians, or the Roman invasion and occupation. The rivers in Cumberland are said to retain their Celtic names. The walls,

camps, and roads of the Roman still tell the wondrous tale of the indomitable energy, skill, and triumph over earthly and climatic obstacles and resistance of native inhabitants displayed here as elsewhere by the followers of the eagle crest. If an impress was left on the inhabitants by any of these invaders it has vanished in time, obliterated by even a stronger and more recent importation.

Mr. Freeman says: That Cumberland and Westmorland are to this day largely Scandinavian needs no proof, but we have no record of the process by which they became so."

Dr. Thurnam<sup>1</sup> says: "The population of Cumberland and Westmorland, of Yorkshire and Lincolnshire, exhibit unequivocal signs of a Scandinavian strain. Those of the first county are a tall, light-complexioned, long faced, handsome, and in every sense powerful people, whether they claim Danish or Norse descent, most probably the latter." The average stature of the rural police is 5 feet 11 inches, while that of the Westmorland portion exceeds 6 feet.

Beddoe<sup>2</sup> states: "Thus we find that wherever the Scandinavian element is proved to be strong by historical, topographical, or linguistic evidence the stature is decidedly high," and "To come nearer home, I have shown that Scotland in general, Northumberland, Cumberland, parts of Yorkshire, etc., and Cornwall are the portions of Great Britain which produce the finest and largest men. I think it will be acknowledged that they also yield more than their share of ability and energy for the national benefit. The inhabitants of Cumberland are an acute shrewd people, active, industrious, vigorous, enterprising, trustworthy, whether in a virtuous or vicious cause manifesting unusual energy and determination. Countenance not very expressive; intellect shrewd and wary, but rather slow, not bright, but safe, true, and persevering, long in maturing.

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<sup>1</sup> *Crania Britannica*, vol. i, p. 215.

<sup>2</sup> *The Stature and Bulk of Man in the British Isles.* By John Beddoe, B.A., M.D., p. 167, p. 185.

Of great integrity and honesty of purpose, but not very candid or open; far-seeing and acquisitive, but at the same time warm-hearted, kind, and clannish."

A visit to Carlisle on a market day, especially a hiring market, gives one a good idea of the people of the country, their size, breadth, Norse looks, the number of red beards, their rather rough manner and want of what we call politeness, which their sense of independence would term servility. But manner, I have found, is essentially local in character, and I believe has been much influenced by the circumstances of a number of resident proprietors, the proximity to the principal stopping places on the old coach road, or residence in remote inaccessible valleys or fells.

Since Dr. Thurnam wrote his description of the Cumbrian and Westmorlander, changes have been effected by various agencies, many of which have taken place during my residence here, and are having, and in the future will more strongly have, an effect on the character not only of the sane, but of the insane in this district. The country has been much opened up by rail extension, and the inhabitants of formerly remote, inaccessible regions now mix freely with their fellow men, and have more opportunity for matrimonial selection; and the fearful intermarriage, with the truly awful results of the majority of a family being inmates of the asylum, will in time, I believe, be a thing of the past; while the whole of a village or hamlet in a valley, or on a mountain side, being closely connected by blood relation will in time cease, as travel (even to the market town), occasional trips by excursion trains, and last, though not least, the advance of knowledge by education, give new and improved ideas of what is due to one's self and their possible posterity.

Of course, there are great differences in families, but I must say my observation makes me question the accuracy of Dr. Thurnam's statement that the Cumbrian is slow in maturing. It may be so of the mind; it is not of the body

among the working classes, the statesmen, and farmers. Food has always been good and plentiful; wages are, and for years have been, high in Cumberland; and from what I see girls look like women at 16 or 17, and young men also mature rapidly in body. Early maturing, to my mind, is only an advantage to the breeder and the butcher. Slow growth, slow physical and mental maturing means a longer period of power and capacity, a slower ageing. The class I have referred to get, if well off, too bulky in middle life, and age rapidly, while the working classes soon lose their teeth, and at an early age show signs of senility. In many families early mental decay is common; but this, like everything else, is strongly influenced by heredity, and, of course, in many families mental acuteness remains to advanced old age.

It may be that our improved views and practices have so far increased general longevity that the increase in senile insanity which we notice nowadays so markedly is merely a result of this increase of longevity. For my own part I think that the well-to-do middle and lower classes in these two counties eat too much and too much animal food for the sake of their health, mental and physical, and also for their appearance sake and their longevity. Once, when working up a paper on dietary, I took the stoutest-looking men I noticed in the male division of our asylum, and weighed and measured them. Their average weight was 206.8 lbs., while their average height was 5 feet 9 inches; the stoutest measured 50 inches round what should have been a waist. The ten stoutest-looking women averaged 61.8 inches in height and 182.2 lbs. in weight. Their forms were not sylph-like, though some of them were under 30 years of age. This, as you know, was in the asylum; but if, as I said before, one, on a Carlisle market day, was allowed to pick his men and women, these figures would be overtopped to such an extent as would astonish you. While on the subject of size and weight I may tell you that out of

1,146 necropsies where the brain weight was noted at Garlands in 15 instances the brain weighed over 60 ounces—in one case  $71\frac{1}{2}$  ounces. The average weight of the brain is 50 ounces. Dr. Middlemas states that a brain he described in the *Lancet* of June 8th, 1895, which weighed  $65\frac{1}{2}$  ounces, was the heaviest yet recorded in Scotland, and he gives 70.5 ounces as the heaviest brain then on record. The Cumbrians are a big and stout people, and they have heavy brains.

The higher classes in Cumberland and Westmorland, like those of other counties in England and Scotland, are subjected to influences which are denied to their poorer fellows. Sent from home to school and university, mixing with their class from other counties, seeing other countries and their people and having facilities for better choice of wives, one would say they should keep fairly free of induced or hereditary insanity; but yet it is not so, and I have been frequently astonished at the marriages I have heard of. Yet we know that in England the ratio of private patients to the population has remained almost constant from 1885 to 1893. I am glad to believe that it is as possible for a family to improve and grow practically out of insanity as it is to degenerate and end in becoming extinct. While here I have in several families seen three generations, that is, seen the first generation as middle-aged, the second as children, grow up and marry, and their children again grown to manhood, and I have seen such an improvement in the mental and physical state take place, that it has both surprised and pleased me. It is unnecessary for me to go into this matter particularly or to give instances, but many have been noticed by me, several have been specially noted, and the exemption from physical peculiarity and mental diseases, or even eccentricity and mental twist, has been most marked and most encouraging. Since writing the above, I have read what Dr. Ireland has said on this very subject, and am very pleased that he corroborates my

statement. He says:<sup>3</sup> "While some families go on increasing in the number of their degenerate members, there are others which through happier circumstances leave behind ancestral defects." "I have observed other families in which the abnormal children become fewer in each generation, and finally cease to appear. There is always a tendency to return to the normal or average condition of the race."

I have dealt with the strong points of the natives of Cumberland and Westmorland. I now touch lightly on some of their weak points. Their suicide rate is very high. A very large proportion of cases of melancholia have suicidal tendencies, make suicidal attempts, and a very large proportion carry out their purpose.

Strahan says,<sup>4</sup> "The two races pre-eminently given to suicide are the Germans and Scandinavians." "Where the Celtic race is met the suicidal rate is low—in Spain 19 per million; in Ireland, 24; in Scotland, where there is a considerable admixture of races, it is 48. Morselli's table of suicides per million for the period '72 to '76 shows for Cumberland a proportion of 96.2 (the fourth highest in England and Wales), and Westmorland for the same period 58.3."

The proportion of illegitimacy in Cumberland is high: it stands next to Shropshire. On a ten years' average up to 1880 it stood at 76 per 1,000 births, while Westmorland came fifth on the list with 70 per 1,000 births. Leffingwell says,<sup>5</sup> "It will be noted that with few exceptions the northern nations of Europe of Scandinavian or Teutonic origin apparently show the strongest proclivity to those antimarital irregularities of which illegitimacy is a sort of gauge."

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<sup>3</sup> Observations on Mental Affections in Children and Allied Neuroses, by William W. Ireland, M.D. Edin. *Edinburgh Medical Journal*, September 12th, 1895.

<sup>4</sup> Strahan, *Suicide and Insanity*, pages 147, 148, and 159.

<sup>5</sup> Leffingwell, *Illegitimacy: A Study in Morals*, page 51.

Now, although when I come to deal with the forms of insanity which have been coming under my observation at Garlands, I shall show that puerperal insanity has been markedly decreasing, yet the results of my observation generally tend to make me believe that having an illegitimate child is often the first step in a mental degeneration which in time ends in an attack of insanity and necessitates asylum treatment. A very considerable number of patients who have had a misfortune come under treatment subsequently, though not as the immediate result of either the seduction or the puerperal state.

#### SMALL LANDED PROPERTIES; THEIR EFFECT ON THEIR OWNERS AS REGARDS PRODUCTION OF INSANITY AND GENERAL DEGENERATION OF THE RACE.

Much has been written of late years as to the advisability of having a peasant proprietorship, and the advantages of small landed properties, and the evils of territorial possession by individuals; but there are two sides to every question, and from the view-point of an asylum physician, the possession of small properties in land has drawbacks, and tends to produce results which probably are neither known to nor realised by its eulogists.

At one time in Cumberland, statesmen, or yeomen who held small properties, were numerous; speaking generally, they have been rapidly but steadily decreasing. From an excellent and exhaustive report by Mr. Wilson Fox, of the Royal Commission on Agriculture, on the county of Cumberland, dated 1895, I find that in one district in Cumberland statesmen in 1604 numbered 83, in 1894 numbered 9. He says, "I am inclined to think that, generally speaking, statesmen are in a worse position than that of tenants, especially where the property has been in their families for generations, and consequently subject to family charges." "I am afraid that unless special legislation is enacted, or a change for the better takes place in agricultural matters,

the yeoman will soon become extinct." "The advocates of a rural Arcadia composed entirely of small holdings would find a very unsympathetic audience among the hard-headed agriculturists in this county, be they farm servants or farmers." "Small farms are owned by persons in poor circumstances who can neither afford to reduce rents or spend money on their property." So much from the agricultural point of view. To be tied to a limited patch of ground, in perhaps a remote district, and from urgent family reasons to have from generation to generation to labour hard on it, from early youth to old age, without scope for improvement, without stimulus other than the relief of daily necessities, with little or no hope of advancement of position or circumstances—with time and attention necessarily so taken up with the sordid realities of existence, and with little time or opportunity to meet with fellow-men or women except in one's own very limited area—must have a generally numbing influence, and prevent mental improvement, if not actually cause mental degeneracy. The natural desire also of increasing a small property by a marriage otherwise unsuitable, perhaps rather repellent to both parties, can well be understood, but the bad results of such unions can scarcely be estimated. I know one district in Cumberland where many small landowners exist, where most of them are nearly related, where several of them are now in the asylum, where many more are mentally defective, and where several families are becoming extinct, apparently the result of inter-marriage; and that the small property question has been a malific influence in this result is to my mind beyond question.

That an heiress was bound by law to marry the next of kin and so preserve the inheritance in her family was, we know, the Jewish law, and the Greek law was identical in this respect, and the "Ordinances of Manu," which, though of uncertain date are yet fairly reliable, show this to have been a common custom of Eastern people generally. Though

we do not hear of bad results following such intermarriage, that is not to say such did not occur. I am, however, very certain that in Cumberland and Westmorland not only has insanity increased by such a custom, but that physical and mental degeneration has been produced in the progeny of such unions, though the children may just have escaped being insane or imbecile.

Dr. Clouston, in his report of the Royal Edinburgh Asylum for 1893, gives an account of an investigation he made into the history of 83 families in a country parish in the North of Scotland; members of each family had been personally known to him for three generations. He found that in 41 of these families mental disease in one of four stated forms was present. He says "Intermarriage of cousins was no doubt common, for the district is rather isolated." I am aware that this parish contains an unprecedented number of small landowners, and I have no doubt a more exhaustive inquiry would show that this fact held a decided position also as a factor in the results he chronicles.

#### THE EFFECTS OF CHANGE OF LOCATION.

We know that at a given period in growth vegetables, plants, and trees are much benefited by transplantation. I believe at the proper age men are so also, and that from generation to generation living in the same place, in the same circle, and even following the same occupation from father to son has a deteriorating influence. There are, of course, brilliant exceptions in the ascending scale, but they are so few as to be remarkable and noted. Of course, when scope allows of it, where circumstances are propitious, no life can be so pleasant as a continuance of what has been and what earliest memory treasures as pleasant from all points, and one well understands the feelings which prompted the reply of the Shunamite woman to the offers of Elisha: "I dwell among mine own people." But with the growth of civilisation, the increasing demands of the rising

population, and the inborn wish to rise, which is nowadays even more than formerly stimulated by the writings of such authors as Smiles, change of occupation and location is almost a natural, and I believe a healthy feeling in the youthful breast. Certain districts are, as it is, over populated for their capabilities; certain cities and countries would soon diminish in population if not yearly replenished from other sources, and I believe it well for the human race that this is so.

Since the days of the Israelitish prophets men of strong bodies and active original minds have been brought up and gone forth from the hill countries. Such places, though excellent breeding ground for men, have never had the requisite means or scope for their permanent existence: they should be mere rearing ground. As in the *Lady of the Lake* Scott makes the Gael say :

And well the mountain may reply :  
To you as to your sires of yore  
Belong the target and claymore ;  
I give you shelter in my breast,  
Your own good blades must win the rest.

Many of the natives of Cumberland and Westmorland have in the past, as also in the present, exemplified the truth of my remarks, and the advantages of new surroundings, new occupations, and the excellent influence which mental stimulation exerts—all which might have been denied them in their native country—and they have risen to positions in the gilded chamber, to civic dignity, have amassed wealth and made reputations in different directions too many to enumerate. The same applies to Scotland—almost more so than any country I know. Had she not the rest of the world as an outlet, what would happen to her sons? A famine would be one of the least dreaded of the consequences.

#### RECENT INVASION OF CUMBERLAND.

Westmorland as a county is chiefly pastoral. The industries are not of such magnitude materially to affect the

population, and the population is pretty stationary. There was a fall in decade 1881, but a considerable increase in 1891, probably due to the residential attractions of the portion of the county which borders Windermere. It is far different with Cumberland, with its rail development and its iron and coal industries. I have in the earlier portion of my remarks touched on different invaders who settled in this county; but in my own time I have seen an invasion and settlement in three localities by three different nationalities. I believe good results have followed from the one settlement so far as lunacy is concerned, negative so far from the second, and positive harm from the third.

The first is a settlement of railway officials, principally from Scotland, in Carlisle; they are of course picked men, educated, reliable, and necessarily steady. The prosperity of the Presbyterian churches in Carlisle is a testimony to this. The fact that many of the principal doctors in Carlisle and all the bank managers but one are Scotch, and the fact that, in spite of the close proximity of Scotland, yet there are fewer Scotch patients than Irish in the asylum, bears out my contention.

The second set of settlers are Cornish and Welsh. So far they have made little impress in the district unless adding to its musical talent. The musical talent is very deficient in the native of Cumberland and Westmorland; until late years it has not been cultivated. Voices are rather harsh and unmusical.

The third set of settlers may have given valuable service from their labour, but have been, I am certain, an expensive importation. The Irish in the coal and iron districts in the west; the Irishman who comes to this country and secures employment at high wages, away from his home, his mother, his sweetheart, his respected priest and confessor, is placed in a position he has not been educated up to; he succumbs to the unwonted luxuries and excesses. As a lunatic patient, he is full of fight, noise, and destructive qualities.

Most of the troublesome patients at Garlands are Irish ; many of them come from County Down, many from one place—Castle Wellen. It may be that Ireland sends us just the worst specimens she has, but our experience of Irish has been unfortunate. It is said that their children show extreme aptitude at school, but I fear this settlement will produce a very unstable and unreliable addition to the county stock.

Now having given you a sketch of the people of these counties, and having dealt with some of the agencies that tend to produce insanity, or that, in my opinion, are likely to diminish it, I shall shortly tell you about the asylum and some of the results obtained in it, and offer such remarks as seem to me pertinent to the question.

These counties, the selvage of England, were in olden times, even when peace nominally existed between England and Scotland, never absolutely at peace. Raiders lifted the cattle, private and clan feuds were carried on, the beacons had to be kept ready to be lighted. The farmers lived in clusters for safety, and even yet the farmhouses in many places are close together, though the farms may be far apart. Were as many southerners and northerners to have met in Carlisle in old times, it would have been a case of “ How few shall part where many meet.” Under these circumstances, we may well understand that little record is extant of the insane or their treatment. The quarrelsome maniac, when his attack began, would soon find an antagonist who would end his life and his incipient disease ; the boastful general paralytic’s course would also not be as long as it now is ; and the melancholiac no doubt was allowed to end his days summarily or by starvation as best suited his fancy. When asylum treatment became recognised, the patients in these two counties were sent to a private asylum called Dunston Lodge ; but of course here, as in other places, it was only the really troublesome who were thus dealt with ; any that could at all be done with at home were kept at

home, and stories are still told of people who were kept in certain houses strictly shut up and closely watched.

#### THE ASYLUM AND ITS COMMITTEE OF VISITORS.

In 1862 the original asylum was completed and opened ; it was intended to accommodate 200 patients. With our present knowledge and experience, it was in many ways defective. Its walls inside were brick unplastered, and the lavatory and watercloset arrangements were ill placed, a considerable number of the waterclosets being in the centre of the house, with pipes crossing the dwelling. In 1864 the asylum was found insufficient, owing greatly to the number of chronic cases, which previously had been dealt with in workhouses, having gradually been sent to the asylum. So two block buildings were planned, each to contain 105 patients ; the first of these was completed and occupied in 1866, the second in 1868, but the central portion of the asylum was not enlarged. In 1875, the water supply, which had been from a superficial source, and which had of late years been inadequate and not free from suspicion of pollution, was discontinued, and a new supply got from an artesian bore 270 feet through the red sandstone ; this bore gives 40 gallons per minute of beautiful and palatable water.

In 1875 the asylum again became insufficient for the demands on it, and at the desire of the Committee I advised a comprehensive scheme, which, with the exception of a gardener's cottage, has now been carried out—viz., an addition for 220 patients, the enlarging and remodelling of the centre of the asylum, the offices, and fiscal departments, the erection of a separate mortuary, an isolation hospital, a block of workshops, a farmsteading at a suitable distance from the asylum, and a separate house for the medical superintendent. An outside church had been arranged for by my predecessor, though it was built in my time.

While I have had charge of the asylum the w.c. and lavatory arrangements throughout were rearranged, ventilated, and a new main drain laid. Additions have been made to the soft water storage. A central steam apparatus to do the heating and cooking was introduced. In 1881 internal hydrants were placed through the asylum, and fire rules were drawn up. In 1882 all the single room doors were made to open with handles outside to promote quietness. The asylum estate, which at first consisted of 100 acres, has been increased by two purchases, making it up to 137 acres, and is not large enough yet. The erection of a house for private patients, built under the powers given in Section 255 of the Lunacy Act, 1890, is now almost complete, and it forms the first portion of what will ultimately be a small but convenient asylum. The asylum, as a whole, cannot be said to be architecturally beautiful, but it is well lighted, easily ventilated, is built on a sand hill, and the stonework and fabric generally are excellent. I trust some of you may think fit to visit it.

The Committee of Visitors have from the opening of the asylum taken a proper view of their duties—not only seen strictly to business matters, but have taken an interest in the patients and their treatment, and up to this date have exercised their powers of granting pensions in the proper spirit of the Lunacy Act. The change made by the Local Government Act on the Committee of this asylum was not great—only a few members were altered. So far there has been no change of policy, and the only noticeable effect is the slight stimulus which the advent of five new members always tends to give a committee of nineteen.

#### IS INSANITY INCREASING?

Is insanity increasing? In an address such as this sooner or later one gets insensibly drawn into this vortex-like question, but I shall not take much of your time up with it.

At the Newcastle meeting of this association the general opinion was expressed that the increase in insanity was more nominal than actual, and was brought about to a considerable extent by different legal enactments, by difference of views as to asylum treatment, by increased longevity on the part of the chronic element in asylums, and even by difference of occupation on the part of sane relatives, which prevents them nowadays from looking after their insane at home, notably in places where hand loom and other occupations are now carried on in factories. The supplement to the thirty-sixth Annual Report of the Scotch Commissioners, which contains excellent papers by the two medical Commissioners and the Secretary, arrives at this conclusion: "That the facts and figures, so far as they have been already collected and studied, afford no ground for a belief that insanity is to-day more prevalent in Scotland than it was when we entered upon our duties over thirty-six years ago.

At page 6 of the forty-eighth Report of the Commissioners in Lunacy the subject is dealt with, and it is shown that the ratio of private patients to the population has remained nearly constant from 1885 to 1893; but in regard to pauper patients there has been a progressive increase from 4.14 per 1,000 of the population in 1885 to 5.28 in 1893. They point out that though this at first sight might indicate a great increase in insanity, yet on examination it only shows that more are brought under official cognisance, and that the increase in officially known lunatics is due to accumulation by diminishing discharge-rate, and the change of feeling towards asylums which induces people to send in their mentally worn out relatives who formally used to be kept at home. I think Dr. Chapman has good grounds for the following statement:<sup>6</sup> "The average man is now less liable to insanity than he was thirty years ago to some degree, not exceeding 30 per cent. He is, however, more

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<sup>6</sup> Insanity is Decreasing. By T. A. Chapman, *Journal of Mental Science*, January, 1896.

liable to be sent to an asylum, because he will now be sent for reasons that would not have led to that result thirty years ago."

I unfortunately have not been able to get even from the records of the Commissioners in Lunacy the number of the rate-supported insane in Cumberland and Westmorland, whether located in the asylum or kept outside, for the years 1851 and 1861. At each of the three decades 1871, 1881, and 1891 Cumberland showed a marked increase in population and also a marked increase in the number of lunatics in the asylum, but a decrease between 1871 and 1891 in the number of lunatics in workhouses, though in the last decade the number in the workhouses was slightly higher than in 1881.

The proportion per 1,000 of rate-supported lunatics to the population in Cumberland was in 1871 2.09; in 1881, 1.98; and in 1891, 2.13, merely 0.04 of a rise per 1,000 in the twenty years. The proportion per 1,000 of rate-supported lunatics who were in the asylum at the last three census periods was 1.29, 1.48, and 1.57—a small but steady increase.

The population of Westmorland fell in 1881, but increased considerably in 1891. The proportion of rate-supported lunatics was 1.92 per 1,000 in 1871 to 2.39 in 1881, and 2.25 in 1891; that is, a greater total increase between 1871 and 1891 than took place in Cumberland.

The number of insane in workhouses decreased at each decade. The proportion of lunatics who were in the asylum at each decade to each 1,000 of population stands thus: 1.12, 1.65, and 1.58, a slight general increase, but yet a fall between the last two census periods.

Now, if due allowance is made for more strict reporting of lunatics, and probably for a change in the view of what constitutes insanity, as well as the action of the 4s. grant to all who can be certified as insane, I think these figures clearly show that insanity cannot be said to be on the increase in these two counties.

RESULTS OF ASYLUM TREATMENT AND CHANGE IN NUMBERS  
OF SOME FORMS OF INSANITY.

The rate-supported patients increased by 161 at the end of the ten years 1872, by 129 at the close of 1882, and by 56 at the close of 1892, and by 10 at the close of 1895. This shows the cheering prospect of a diminishing rate of increase of rate-supported patients; this has been principally due to a much increased recovery-rate and a slightly increased death-rate. The average recovery-rate during the decades 1872, 1882, and 1892, stood thus: 39.0, 47.3, and 44.1; while for the three years ending 1895 it was 45.8 per cent. The death-rate for the three decades was 7.6, 8.1, and 8.9 on the numbers resident, and for the three years ending 1895 it has been 9 per cent. The recovery-rate during the twenty-three years ending 1895 has averaged 45.6 per cent. on the total admissions. Had the recovery-rate continued as during the first ten-years period, there would have been 200 patients more in the asylum if the death-rate had remained unaltered. I show a table giving certain facts concerning five distinct forms of insanity.

|                               | Ten years<br>ending 1872. |             | Ten years<br>ending 1882. |             | Ten years<br>ending 1892. |             | Three years<br>ending 1895. |             |
|-------------------------------|---------------------------|-------------|---------------------------|-------------|---------------------------|-------------|-----------------------------|-------------|
|                               | No. of Cases.             | Percentage. | No. of Cases.             | Percentage. | No. of Cases.             | Percentage. | No. of Cases.               | Percentage. |
| Senile insanity* ..           | 25                        | 2.7         | 50                        | 4.2         | 97                        | 6.3         | 49                          | 9.0         |
| Congenital insanity           | 38                        | 4.2         | 36                        | 3.0         | 27                        | 1.7         | 16                          | 2.9         |
| Epileptic insanity ..         | 51                        | 5.6         | 44                        | 3.7         | 76                        | 4.9         | 25                          | 4.6         |
| General paralytic<br>insanity | 85                        | 9.3         | 74                        | 6.2         | 76                        | 4.9         | 18                          | 3.3         |
| Puerperal insanity...         | 75                        | 8.2         | 100                       | 8.4         | 27                        | 1.2         | 12                          | 2.2         |

\* Senile insanity above 70 years of age.

The decrease in the admissions of cases of general paralysis, congenital insanity, and epileptic insanity is noteworthy. And during the last thirteen years there has been a most marked diminution in the number of puerperal cases, no doubt due to the fact that most of the working and lower classes are nowadays attended by a medical man, and that increased and increasing attention is paid to females during the period of confinement.

Now, as regards general paralysis, our experience here is very different from what is stated by Dr. Clouston in his report of the Edinburgh Asylum for 1894. He says this disease is decidedly increasing; and Dr. Pringle in his report for the same year, states: In Glamorgan there is a high and increasing proportion of general paralysis, 6 per cent. above the percentage of this disease, in the admissions in England and Wales for the five years ending 1892. (Total percentage, England and Wales, 9.1; Glamorgan, 15.2, five years ending 1892.) At the Newcastle Asylum there has been an increase in the ten years ending 1894 over the previous ten years, namely, 8.9 to 12.8 per cent. to admissions. In the Northumberland Asylum there has been a slight increase—namely, 7.8 to 8.3 per cent. to admissions. In the Durham Asylum there has been a slight decrease—namely, 12.8 to 11.9 per cent. to admissions.

Dr. Smith is strongly of the opinion that general paralysis is on the decrease in Durham. Circumstances may quite well make a disease increase in one district, decrease or even disappear in another.

#### BODILY DISEASES CAUSES OF DEATH.

In the third year of the existence of the asylum a certain number of patients were attacked by dysentery, and 15 of them died. Dr. Clouston, the then superintendent, considered the disease to be due to sewage exhalations, and contributed a valuable paper giving his views and an exhaustive account of the outbreak.<sup>7</sup>

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<sup>7</sup> Sewage Exhalations the Cause of Dysentery, *Medical Times and Gazette*, June, 1865.

During 1874, 8 cases of enteric fever occurred, 3 cases proved fatal. I was convinced that the ultimate cause of this outbreak was due to insufficiency of water, the proximate cause to the stoppage of a drain. The original water supply had never either been adequate nor was free from suspicion of contamination, and this outbreak really occasioned a proper and pure supply of water to be got, and caused the whole sanitary arrangements to be put in proper order, since which time we have had an extraordinary immunity from intestinal ailments, with the exception of the rather wonderful case which I now relate.

In 1892 a cesspool, which in the early history of the asylum had been in use, and which had been used during the outbreak of dysentery I told you of, was, after being unused for twenty-six years (having been first filled with quicklime, then left standing open to the air), being pulled down by a party of patients ; one of the patients engaged in this work took dysentery and died of it. That germs of disease can retain their vitality in a suitable nidus for unlimited periods is unquestionable ; the history of anthrax proves this even more strongly than most diseases. No death had occurred at Garlands from dysentery, diarrhoea, or typhoid fever for more than ten years until this death took place.

The death-rate from age is much increased ; from general paralysis it is lower, and from phthisis slightly less. I believe asylum-caused phthisis is decreasing. Though we have had an occasional case of zymotic disease sent in, we have had no spread of such disease, and none has originated.

The only series of deaths of later years in this asylum which call for remark was from an outbreak of pneumonia,<sup>8</sup> caused, I considered, by septic inhalation from razing an old and filthy set of farm buildings. Fourteen males and five females were affected, and the mortality was high.

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<sup>8</sup> Remarks on Pneumonia as a Cause of Death in Asylums, *Lancet*,  
March 19th, 1892.

## INSANITY A QUARTER OF A CENTURY AGO AND NOW.

Is there a change in the type? If so, is this due to treatment and surroundings alone? Well, I think not, and I shall be glad, indeed, to hear the opinion of other observers. Some among my hearers have had longer and more varied experience than I have had.

In spite of detractors, I honestly believe our treatment of curable cases has improved, and I am certain that cases recover now which at one time did not. The demented, the mental wreckage at Garlands are of a lower type than they were in its early history. I seldom see the class of cases of slight dementia which just failed to recover, but remained exceedingly sensible—extremely useful patients, but yet unfit for discharge as recovered, and unfit for home life or the necessary exertion of self-support. This, I believe, due to better treatment, to more individual attention, to more careful feeding, and stimulation during the initial attack. We have a larger staff, more pleasant surroundings, and open air treatment is more in use. This is so, and we also separate our patients in a mode that is conducive to better treatment and to avoidance of bad habits and behaviour which a so-called refractory ward does much to foster; but yet, with the memory of what I have seen, observed, and noted, when my powers of observation were at least as keen as now and my memory more retentive, I am strongly of opinion that the cases of mania that came under observation were more acute than those we now see, and that the patients were more fierce, more destructive, and unmanageable. We seldom, though occasionally, see such swearing, tearing, rough, and filthy cases as once were common; probably the discipline of school and social life is greater and the influences which produce a law-abiding people have been more actively in force of later years than they were when first I knew this district.

I shall conclude with the following series of rather disjointed statements, which I believe true, but which will furnish an opportunity for diversion of opinion and expression of the same.

The patients in the Carlisle Asylum fight and wrestle fair, they don't kick ; this is a comfort for a medical officer ; but it is not the case with the Irish patients from West Cumberland.

From what I have noticed when visiting other asylums, I think the North of England epileptic wilder, fiercer, more active in mind and more dangerous than the epileptics I have seen in the Stafford and other more southern asylums.

So far as I have noticed, the imagination of the natives in our two counties is not strikingly active—perhaps as well for them. The maniacal patients with delusions do not have the same high-flown style of delusion or fanciful varieties that I have noticed in patients elsewhere. The melancholics in self-accusation are not so fertile in the devices of crimes committed, and the general paralytics, though boastful, seldom go beyond physical power and wealth in money. I have never here seen a general paralytic who thought he could fly, or gave utterance to such a delusion of grandeur as being an officer in the Royal Flying Horse Artillery, of which Jesus Christ was the colonel.

A few years ago we were inundated with opinions about the liberty which should be accorded to asylum patients, and as to the advances in this direction in some quarters. The practice at Garlands has been much in accord with what Dr. Yellowlees in his report for 1887 so wisely laid down, "The utmost liberty consistent with the benefit of the patient is gladly allowed, but proper restrictions are not relaxed for the sake of unwise indulgence." When a patient is fit to be trusted about alone, and to be safely trusted with offensive implements, he is discharged.

In a review of the twenty-sixth report of the Commissioners in Lunacy, the following complaint was made:<sup>9</sup> "Talk of modern scepticism, the reports of the commissioners and inspectors in lunacy are the finest example of medical scepticism extant, for they don't deny, deride, or damn with faint praise, they simply ignore the whole science and art of physic and all its professors."

Now we are legislated for and have rules for nearly everything, from keeping the casebooks to certain forms of treatment, and the incessant and endless certification of patients leaves little time for medical treatment or research. One looks back to the halcyon days when such things were not, and when one only returned the name of the bodily and mental disease, and had no Local Government auditor. This change of attitude on the part of the Commissioners is accentuated by the remarks now frequently made in reports as to finer pathological research.

Since 1867 a *post-mortem* examination has been made in the case of every death at Garlands, and full notes kept of the appearances, and the death certificate given in accordance with the evidences. Before, however, results are arrived at which will much modify our present early treatment of the cases we look upon as curable, much patient, laborious, and combined research must be effected, and facts hitherto undiscovered must be produced. The difficulties in the way of pathological investigation are great, and a very important one is that few cases of the curable type die in any one asylum during the early stages of an acute attack. In those cases that remain for years and then die of age or disease the common condition of dementia is present; the brain condition which produced the original attack has had years in which to become altered.

It is not given to all asylum medical officers to be "Admirable Crichtons" and to do good pathological work;

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<sup>9</sup> *Journal of Mental Science*, 1873, p. 558.

aptitude, special training, leisure, and inclination are all required, and are seldom found combined with the qualities which go to make the successful asylum physician and the able general director.

The appointment of a recent graduate as fourth or fifth assistant and pathologist does not seem likely to my mind to give the results wished for. The action of the London County Council is a step in the right direction—to have and to pay a properly skilled and trained pathologist, exclusively devoted to exhaustive and elaborate pathological research, with time and skill which no thinking person can suppose is at the disposal of medical officers whose attention is properly taken up with clinical and other work. I believe if a combination of the smaller asylums were formed to have among them a pathologist and laboratory we should be more likely to attain good aims, and I am sure many committees would agree to contribute in this direction.

Want of special knowledge of insanity seems at times a positive recommendation for some good appointments, such as that of medical commissioner, deputy commissioner, and even medical superintendent of some asylums. If the agitators who tried some time ago to make assistant medical officers more discontented, would endeavour to correct what, to some of us, looks a maladministration of patronage, they would be doing useful work.

Criticisms of our want of successful treatment in asylums and want of energy in the matter of contributions to medical literature, at times come to us from men whose work and experience are things of the past or never existed, and whose own record of work barely warrants the tone of denunciation. A perusal of the indices of the *Journal of Mental Science* would be a corrective of value, or better still an attempt to write an original article on some subject connected with the treatment of insanity or asylum management.

A proposal for a revival of collective investigation among members of the Psychological Association made by Dr. Robertson, Murthly, was carried at a Glasgow meeting in March, 1895, and a similar proposal by Dr. Mercier was subsequently carried at a London meeting in May, 1895. Without interfering with this, I am of opinion that if each year all the superintendents of public asylums devoted a small portion of their report to one subject, and gave the experience of their district, much would be gained. The years of the census deal with the proportion of lunatics to the population, and each year agree on one subject, such as: Is general paralysis increasing? Is puerperal insanity decreasing? Are cases of acquired epilepsy more rare among the admissions? Is congenital imbecility becoming more common?

Gentlemen, I thank you for your kind attention, I trust I have not wearied you. The address is merely in football language the kick-off; our real, valuable, and useful work comes later, but I shall be very pleased if any, some, or all of my audience will express opinions on any of the many topics which I have hurriedly, lightly, and imperfectly touched on. I have done!

